

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KW	68904	9/16/00
O.I.P.E. CLASSIFIER		19	92400
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	MS	70303	11-

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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